JUNE/JULY 2001 California Department of Mental Health

PERFORMANCE OUTCOMES UPDATE

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INSIDE THIS ISSUE:

Self-Report Data from Dually Diagnosed Clients

Self-report forms are an important part of the toolkit for evaluation research. Client-completed forms are less expensive to administer than clinician-completed forms since less staff time may be involved, and the forms can be administered to several clients at the same time. Generally, the validity of these instruments have been established through repeated studies with various populations, including psychiatric populations. However, subgroups such as dually diagnosed clients (those individuals that have a co-occurring substance abuse disorder and a serious mental illness) are rarely included in the validity testing of forms. This lack of knowledge about the validity of self-report forms creates a dilemma for researchers when evaluating projects involving specific subgroups such as the dually diagnosed. This was the dilemma we (the researchers) faced when the State funded the four Dual Diagnosis Demonstration Projects.

At the beginning of the four Dual Diagnosis Demonstration (DDD) Projects, in 1997, the evaluation team met to select assessment instruments. Instruments were needed that would measure changes in client psychiatric functioning, physical health, substance abuse, quality of life, and involvement in the criminal justice system. Thus, a fairly large number of assessment forms (seven forms initially) were needed. We decided to use self-report forms whereever possible. In the end, four of seven forms chosen were client-completed forms. The selected instruments had demonstrated validity and reliability for psychiatric populations, but their applicability for dually diagnosed clients was unknown. This article shares the experience of the Dual Diagnosis Research team, which is just beginning to analyze outcome data from the 4 state-funded Dual Diagnosis Demonstration projects. The research team includes Craig Chaffee, Research Specialist at Alcohol and Drug Programs, outside contractors from Cal-Research and UC San Diego, and Candace Cross-Drew, Project Research Director, from DMH.

Two of the self-report forms had questions that asked clients to assess their own substance abuse problems. Self-report data have a respectable history in the substance abuse field, extensive reviews have found self-report data both valid and reliable. However, dually diagnosed clients have not been included in any of the testing of self-report forms. Unfortunately, it appears from the scores at admission that these two self-report forms may not be valid for dually diagnosed clients.

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Would you like to contribute to the California Development of Mental Health's Performance Outcomes Update (POU)? If you or your county are using performance outcome data to improve your programs, or if you have identified a novel way to analyze data to determine program effectiveness and would like to share this with others, why not submit an article to the POU? It needs to be concise and kept under 800 words. Send your article to:

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Adult Performance Outcome Update

A "Status of Data Reporting" letter from Department of Mental Health (DMH) Deputy Director Carol Hood dated April 6, 2001, was recently distributed to all local mental health directors. The letter informed counties of their reporting status with the Client and Services Information (CSI) System and evaluated their compliance with the Performance Outcome System (POS). Several preliminary tables were provided which detailed, among other things, an estimated target population for each performance outcome age group (children, adults, and older adults), the number of unduplicated clients submitted to POS, and the percent of clients reported based on the target population. Counties were given the opportunity to identify any data reporting errors or anomalies and submit them to the appropriate DMH data system.

The Research and Performance Outcome Development Unit (RPOD) appreciates the comments provided by a few counties. This feedback enabled us to improve the accuracy of our client counts. As a result, some Adult Performance Outcome System (APOS) county client counts increased dramatically while other county client counts decreased. Another letter will soon be distributed with these changes incorporated. These tables will be periodically updated as reporting increases for CSI and POS.

Translations of Adult Performance Outcome System Instruments

DMH and several volunteer counties have been in the process of translating the APOS instruments into the various threshold languages in California. A language is considered “threshold” if 3,000 or 5% of the Medi-Cal beneficiary population for a county indicate that a particular language is their primary language. Eleven languages have been identified as threshold languages: Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Mien, Russian, Spanish, Tagalog, and Vietnamese.

During Phase I of our translation project, the Adult Performance Outcome instruments were translated into Cambodian, Chinese, Korean, Spanish, Tagalog, and Vietnamese. Volunteer counties on the Translation Committee evaluated the translations with clients and/or staff. Comments from this initial review were then given to a translation company to incorporate into the final drafts.

Following a final review for spelling, grammar, and other errors, these translations will be made available for county use. DMH will distribute a letter to the APOS primary and technology contacts informing them when these translations are ready. We anticipate that the translations will be available by the start of the next fiscal year. Counties will be able to download these translations, along with an answer sheet, at the APOS website. Periodically check the “What’s New” section for more information. If you have any questions, please contact Traci Fujita at: **TFujita@dmhhq.state.ca.us**.

Children's Data System ITWS Update

RPOD staff have completed importing and cleaning all of the county data received by 5/21/2001. The cleaned data have been zipped as KIDCLEAN.ZIP, Data errors have been zipped as KIDERROR.ZIP and “time 1 / time 2” paired data have been zipped as KIDT1T2.ZIP. These files are available to counties to download from their ITWS site. If you have any questions about the data files, please contact Sherrie Sala-Moore at (916) 651-6777 or email her at :

SSalamoo@dmhhq.state.ca.us.

Children's Performance Outcomes Update

As mentioned in previous Performance Outcome Updates, the Research and Performance Outcome Development Unit website has undergone major changes in terms of design and formatting. One improvement of the Children's Program site is a posting of "Statewide Summary Data for 1999 and 2000". Listed there are tables that provide a statewide summary of the 1999 and 2000 Children's Performance Outcome Data (as of 5/7/01) on the Child and Adolescent Functional Assessment Scale (CAFAS), the Client Living Environments Profile (CLEP), the Child Behavior Checklist (CBCL), the Youth Self-Report (YSR) and the Client Satisfaction Questionnaire (CSQ-8). Of notable mention is the fact that improvements can be seen in the demographic information with significant decreases in the "Unknown" categories in 2000, as compared to 1999. There were also substantial reductions in the "Unknown" category for the Predominant Placement Setting reported on the CLEP in 2000, as compared to 1999. Finally, a significant improvement that emerged was a three-fold increase in the volume of the satisfaction questionnaire responses between 1999 and 2000. These reports will be made available on the following website: **http://www.dmh.cahwnet.gov/2000/RPOD/children.htm**.

In addition, DMH is working to prepare similar summary reports based on *individual county data* for 1999 and 2000. County staff can compare the results of these summary reports to the statewide summary data reports that are posted on the RPOD website (mentioned above). It is expected that these reports will be distributed at the end of May 2001.

For questions regarding the Child and Youth Performance Outcome System, please contact either Sherrie Sala-Moore at (916) 651-6777, e-mail SSalamoo@dmhhq.state.ca.us, or Brenda Golladay at (916) 654-3291, e-mail BGollada@dmhhq.state.ca.us.

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Self-Report Data from Dually Diagnosed Clients

One of the forms, the Addition Severity Index (ASI) Lite, was selected to be the main measure of substance abuse. This instrument is widely used and its validity and reliability have been tested extensively. The ASI scores at admission were surprising. The average score indicated that the clients reported little problems with alcohol and drug use. The scale for the ASI index scores run from 0 (no problems) to 1.0 (severe problems). Clients, on average, gave themselves scores very close to zero. For examples, the clients at the San Diego County DDD Project had an average score of .2 for alcohol use and .1 for drug abuse. Clients at the Merced County Project reported an average score of .3 for alcohol and .1 for drug abuse. These low scores were consistent and very similar across all four projects. Since these clients had to have either a drug or alcohol problem to be admitted, we knew these self-reports were not accurate. We expected high scores , perhaps in or near the severe problem range. It will be difficult (impossible actually) to demonstrate a decrease in substance abuse problems with such low admission scores. While the ASI had been well tested, it does not appear to elicit valid responses from Dually Diagnosed clients.

A second self-report form, the Behavior and Symptom Identification Scale (Basis-32), asks client to rate their level of difficulty in several areas, including one area that included addictive problems. Scores at admission reveal that clients report little difficulty with additive behaviors. The scoring for the Basis-32 ranges from zero (no difficulty) to 4 (extreme difficulty). DD clients reported average scores between .8 and 1.3 A score of 1.0 indicates little problem with substance abuse. Again, we had expected average scores to be in the 3.0 and higher range.

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Mailing Label Here

WE'RE ON THE WEB
http://www.dmh.cahwnet.gov.rpod

SCHEDULE OF EVENTS

JUNE 2001

5 Children's Task Force meeting

21 Older Adult Performance Outcomes Pilot Committee Meeting:

DMH Conf. Rm. 150 A
10:00 am – 3:00 PM

Have a Safe and Happy Fourth of July!

July 2001

31 Older Adult Meering
DMH, Conf. Rm. 100
10:00 am – 2:00 pm

(Continued from page 3) **Self-Report Data from Dually Diagnosed Clients**

These findings suggest that self-report forms may not be valid for DD clients. Possible reasons for this lack of validity include problems with the wording of specific questions, problems with scale construction on certain questions, or perhaps characteristics of the DD clients themselves.

But the point to be made here is that the validity of any self-report forms for DD groups, or any other sub-groups, should be tested before the form is used to evaluate outcomes.

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31 Older Adult Meeting				